

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155160		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/15/2012	
NAME OF PROVIDER OR SUPPLIER STONEBROOKE REHABILITATION CENTRE & SUITES				STREET ADDRESS, CITY, STATE, ZIP CODE 990 N 16TH ST NEW CASTLE, IN 47362			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00109136, Complaint IN00109373 and Complaint IN00109893.</p> <p>Complaint IN00109136 -- Substantiated. Federal/State deficiency related to the allegations is cited at F323.</p> <p>Complaint IN00109373 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00109893 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 13, 14 and 15, 2012</p> <p>Facility number: 000080 Provider number: 155160 AIM number: 100289330</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 75 Total: 75</p> <p>Census payor type: Medicare: 11 Medicaid: 54 Other: 10</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Total: 75</p> <p>Sample: 3</p> <p>This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 6/19/12 Cathy Emswiller RN</p>						

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F0323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure the use of a gait belt with the assisted ambulation of a resident which resulted in a fall in which a resident sustained a fracture of the right femoral neck (hip fracture) and hit her head for 1 of 3 residents reviewed for falls in a total sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's clinical record was reviewed on 6-13-12 at 3:15 p.m. Her diagnoses included, but were not limited to fracture of the right femoral neck, dementia with behavioral disturbances, anxiety, depression, hepatic encephalopathy, anemia, coronary heart disease, diabetes and osteoporosis. The clinical record indicated she was admitted to the facility on 10-29-11.</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment, dated 4-24-12, indicated she was moderately cognitively impaired. This same MDS assessment indicated she required extensive</p>		F0323	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B has been evaluated by therapy for appropriate assistance and CNA assignment sheet up to date and reflects gait belt use. 2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents have the potential to be affected by the alleged deficient practice. All nursing staff re-educated by the DNS/Designee (5/29/12 and 6/5/12) on Gait Belt Policy / Gait Belt Use. All nursing staff re-educated by Therapy (6/5/12) on Ambulation / Assistive Device / Gait Belts. All residents assistance need reviewed and CNA assignment reflects assistance needs. 3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: All nursing staff re-educated by DNS/Designee (5/29/12 and 6/5/12) on Gait Belt Policy / Gait</p>		07/15/2012	

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	<p>assistance of 2 or more persons for bed mobility and transfers from one surface to another, such as rising from a seated position to standing. It indicated she required minimal assistance of one person with ambulation in her room, but did not ambulate out in the hallway. It indicated she required extensive assistance to total dependency of one person for mobility outside of her room. It indicated she required extensive assistance of one person with activities such as routine hygiene, but of two persons with toileting needs. It indicated she used a wheelchair or walker for ambulation or mobility and that she was unsteady with movement. It indicated she was actively involved in physical therapy (PT) services, which began on 11-4-11.</p> <p>In interview with CNA #1 on 6-14-12 at 2:45 p.m., she indicated she had responded to a call light in Resident #B's room. She indicated the resident wanted to go to the bathroom. She indicated several visitors were present at the time for Resident #B. She indicated she placed the walker in front of Resident #B and she stood up and began to walk. She indicated she had one hand on the walker and one hand around the resident. She indicated she was "kind of behind her." She indicated at this time, some of the visitors were leaving, "so I moved in front</p>		<p>Belt Use.All nursing staff re-educated by Therapy (6/5/12) on Ambulation / Assistive Device / Gait Belts.CNA assignment sheet up dated daily to reflect Assistance needed per ADNS.Reminder to use gait belts with transfers added to the bottom of CNA assignment sheet (5/29/12) per ADNS.All residents a fall risk and indicated on CNA assignment sheet.Gait Belt validations to be completed by 7/3/12 per DNS/Desgnee for nursing staff.Rounds conducted by charge nurse on all shifts to ensure CNAs are using gait belts.4) How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place:Continuous quality improvement skills validation for gait belt transfers will be completed per DNS/Designee for nursing staff and re-validations quarterly to ensure proper usage of gait belts. Weekly review of CNA assignment sheet per Interdisciplinary Team to ensure appropriateness.The CQI tool for gait belt rounds will be utilized 5 days a week x 4 weeks, bi-weekly x 2 months, and monthly x 3 months and for 3 quarters thereafter.Findings from the CQI process will be reviewed monthly and an action plan will be implemented for threshold below 95%.5) By what date the systemic changes will be completed:The</p>				

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	<p>of her to allow them through. At this time, she reared back, she stiffened up and reared back [sic]. Didn't have time to catch her. The visitors were behind her and couldn't catch her either. [I] did not have a gait belt on [her.] I didn't realize if she got up by herself I had to use a gait belt. The policy says to use [a gait belt] on everyone with transfer or ambulation...Had worked with her previously with no problems with balance...Had not used a gait belt with her previously."</p> <p>In review of the "ASC Fall Event" document, dated 5-25-12 at 8:05 p.m., it indicated Resident #B was standing up transferring to the bathroom with her walker at the time of the fall. It indicated the fall was witnessed by CNA #1, the resident's daughter, the roommate and the roommate's daughter. It indicated the witnesses indicated the resident stiffened up and reared backwards prior to falling, then struck her head on the side table and fell onto her right hip. The document indicated the resident was assessed and the right hip was stabilized while still on the floor. The physician was notified of the fall and ordered for the resident to be sent to the local emergency room. The resident was transported to the emergency room by the local emergency services. The facility was made aware of the right</p>		corrective action will be completed on or before July 15, 2012.				

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	<p>hip fracture later the same evening.</p> <p>Review of Resident #B's "CNA Assignment Sheet," prior to the fall on 5-25-12, indicated she was "At risk for falls," and was to have the assistance of 1 staff member with the use of her walker or wheelchair. On the back of the "CNA Assignment Sheet," was indicated in large font and all capitalized, "GAIT BELTS MUST BE USED WITH ALL TRANSFERS". The back of the assignment sheet was provided on 6-14-12 at 3:05 p.m. by the Assistant Director of Nursing (ADON). The ADON indicated this statement regarding gait belts is on the backside of all CNA assignment sheets.</p> <p>Review of CNA #1's employee information on 6-15-12 at 11:19 a.m., indicated she had signed an acknowledgement of the facility's "Gait Belts" employee information upon hire on 4-19-12 which indicated, "I understand that I am to use a gait belt when transferring any resident that requires my assistance." At an inservice education on 5-29-12, CNA #1 signed a document entitled "Gait Belt Policy and Procedure."</p> <p>The Staff Development Coordinator provided a policy entitled, "Gait Belt Policy and Procedure," on 6-13-12 at 2:45</p>						

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	<p>p.m. It indicated, "Gait belts are to be used at all times for transfers or mobility with the exception of recent surgical sites in the abdominal area...Any staff found not using gait belts as directed will result [sic] in disciplinary action up to and including termination."</p> <p>This Federal tag relates to Complaint IN00109136.</p> <p>3.1-45(a)(2)</p>						